

(4) **ASSETS**

(Please insert the value of each asset in the appropriate space.)

Assets	Husband	Wife	Joint (list joint owner if not spouse)	Designated Beneficiary, if any
Real Estate Residence Vacation Home				
Other Real Estate				
Checking Acct. *				
Savings Acct. *				
Money Market Acct. *				
Certificate(s) of Deposit *				
Mutual Funds & Brokerage Accts*.				
Stocks & Bonds				
Other				
Liabilities; i.e. Mortgages, etc.				

* For determinations of Medicaid eligibility, please provide most recent statement for each account

ANNUITIES*

Company with Account No.	Owner	Beneficiary	Current Value	Original Cost

* For determinations of Medicaid eligibility, please provide most recent statement for each annuity.

Are any of the above annuitized in periodic payments?

If so, which ones? _____

IRAs/401Ks*

Name	Institution	Current Value	Annual Payment	Beneficiary

* For determinations of Medicaid eligibility, please provide most recent statement for each account

LIFE INSURANCE

Company Name & Policy No.	Face Value	Cash Value	Death Benefit	Owner	Insured	Beneficiary

For determinations of Medicaid eligibility, it is very important to know the cash value and the death benefit of your life insurance policy. To obtain the cash value of the policy, please check a recent statement, call your insurance agent, or call the insurance company directly.

Please complete and bring to your appointment or return this form to:

Karpinski, Stapleton, Galbato & Tehan, P.C.
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Auburn, New York 13021
Phone: (315) 253-6219 Fax: (315) 253-6368